Virginia Department of Health Radiological Health

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PAGE____OF ___ RH-F-30 4/88 TUBE REGISTRATION #____ THERAPUTIC UNITS 1 MEV AND GREATER REGISTRANT NAME_____ MACHINE: MAKE _____ MODEL_____ SURVEYOR NAME SERIAL_____ SURVEYOR SIGNATURE DATE OF LAST CALIBRATION:

DATES OF FOUR MOST Promise ROOM _____ PERFORMED BY DATES OF FOUR MOST RECENT SPOT CHECKS: 1. INSTRUCTIONS TO THE REGISTRANT: THE ITEMS BELOW ARE VIOLATIONS OF THE VIRGINIA RADIATION PROTECTION REGULATIONS. YOU ARE TO CORRECT THESE VIOLATIONS AND NOTIFY THE BUREAU OF RADIOLOGICAL HEALTH WHEN THE CORRECTIONS HAVE BEEN COMPLETED. REGULATION # DESCRIPTION OF VIOLATION AND COMMENTS ITEM#